

2014 Cigna Preventive Health Schedule

Quick Reference Guide

Your health plan focuses on helping to keep you well, rather than just providing coverage for covered illness or injury. Your plan includes coverage for preventive care services for men, women and children and complies with the Patient Protection and Affordable Care Act — including expanded preventive care for women. **It is important to note that GuideStone does not provide coverage for abortions or abortion-inducing drugs or devices as this violates our Biblical convictions on sanctity of life.**

Listed below are services covered as preventive care under your plan. Other services provided at the time of your well visit or checkup that are not listed as preventive will be considered under your standard medical coverage. This means you may be responsible for paying a share (co-pay or co-insurance) of the cost for those services that may be different from the share you pay — if any — for preventive services. Please see your plan materials for specific details about your coverage.

WELLNESS EXAMS AND IMMUNIZATIONS

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Well-baby/Well-child/Well-person exams (includes height, weight, head circumference, BMI, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 & 30 months. Additional visit at 2-4 days for infants discharged less than 48 hours after delivery	Well-child exams, once a year	Once a year	Periodic visits, depending on age
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP)	2, 4 & 6 months and 15-18 months	Ages 4-6	Diphtheria, tetanus, acellular pertussis (DTaP) given once, ages 11-64	Tetanus and diphtheria toxoids booster (Td) every 10 years; DTaP given once, ages 11-64
Haemophilus Influenzae Type B conjugate (Hib)	2, 4 & 6 months and 12-15 months	N/A	N/A	N/A
Hepatitis A (HepA)	12-23 months	N/A	N/A	May be required for persons at risk
Hepatitis B (HepB)	At birth, 1-4 months and 6-18 months	Ages 3-10 if not previously immunized	Ages 11-18 if not previously immunized	May be required for persons at risk
Influenza vaccine	Ages 6 months through 18 years, annually		Ages 19-49, annually	Ages 19-49, annually; ages 50 and older, annually
Measles, Mumps and Rubella (MMR)	Ages 12-15 months	Ages 4-6	If not already immune	Rubella for women of childbearing age if not immune
Meningococcal (MCV)	N/A	N/A	All persons ages 11-18	N/A
Pneumococcal (Pneumonia)	2, 4 & 6 months and 12-15 months	N/A	N/A	Ages 65 and older, once (or younger than 65 for those with risk factors)
Polio (IPV)	2 & 4 months and 6-18 months	Ages 4-6	N/A	N/A
Rotavirus	Ages 6-32 weeks	N/A	N/A	N/A
Varicella (Chickenpox)	Ages 12-15 months	Ages 4-6	Second dose catch-up or if no evidence of prior immunization or chickenpox	Second dose catch-up or if no evidence of prior immunization or chickenpox
Zoster	N/A	N/A	N/A	Ages 60 and older

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HEALTH SCREENINGS AND INTERVENTIONS

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Alcohol misuse	N/A	N/A	N/A	All adults
Aspirin to prevent cardiovascular disease²	N/A	N/A	N/A	Men ages 45-79; Women ages 55-79
Autism	18 & 24 months	N/A	N/A	N/A
Cholesterol/Lipid disorders	Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history, when family history is unknown or with personal risk factors (obesity, high blood pressure, diabetes)		Ages 20 and older if risk factors	All men ages 35 and older, or ages 20-35 if risk factors All women ages 45 and older, or ages 20-45 if risk factors
Colon cancer screening	N/A	N/A	N/A	The following tests will be covered for colorectal cancer screening, ages 50 and older: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years, including certain preparations with prescription • Computed tomographic colonography (CTC)/ virtual colonoscopy every 5 years
Congenital hypothyroidism screening	Newborns	N/A	N/A	N/A
Depression screening	N/A	N/A	Ages 12-18	All adults
Developmental screening	9 & 18 months	30 months	N/A	N/A
Developmental surveillance	Newborns 1, 2, 4, 6, 12, 15 & 24 months	At each visit	At each visit	N/A
Diabetes screening	N/A	N/A	N/A	Adults with sustained BP greater than 135/80
Dental caries prevention (evaluate water source for sufficient fluoride; if deficient, prescribe oral fluoride) ²	Children older than 6 months	Children older than 6 months	N/A	N/A
Oral health evaluation/Assess for dental referral	12, 18 & 24 months	30 months, 3 & 6 years	N/A	N/A
Hearing screening (not complete hearing examination)	All newborns by 1 month	4, 5, 6, 8 & 10 or as doctor advises	N/A	N/A
Healthy diet/Nutrition counseling	N/A	Ages 6 and older — to promote improvement in weight status		Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or Hematocrit	12 months	N/A	N/A	N/A
Iron supplementation²	6-12 months for children at risk	N/A	N/A	N/A
Lead screening	12 & 24 months	N/A	N/A	N/A
Metabolic/Hemoglobinopathies (according to state law)	Newborns	N/A	N/A	N/A
Obesity screening	N/A	Ages 6 and older	N/A	All adults
PKU screening	Newborns	N/A	N/A	N/A

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Prophylactic ocular (eye) Medication to prevent blindness	Newborns	N/A	N/A	N/A
Prostate cancer screening (PSA)	N/A	N/A	N/A	Men ages 50 and older or age 40 with risk factors
Sickle cell disease screening	Newborns	N/A	N/A	N/A
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	N/A	Ages 10-24		
Tobacco use/Cessation interventions	N/A	N/A	N/A	All adults
Tuberculin test	Children at risk	Children at risk	Adolescents at risk	N/A
Ultrasound aortic abdominal aneurysm screening	N/A	N/A	N/A	Men ages 65-75 who have ever smoked
Vision screening (not complete eye examination)	N/A	3, 4, 5, 6, 8 & 10 or as doctor advises	12, 15 & 18 or as doctor advises	N/A
Vitamin D supplements	N/A	N/A	N/A	Adults ages 65 and older

WOMEN'S HEALTH SCREENINGS AND INTERVENTIONS

Anemia screening	Pregnant women
Bacteriuria screening	Pregnant women
Discussion/Referral for counseling related to BRCA1/BRCA2 test	Women at risk
Discussion about potential benefits/Risk of breast cancer preventive medication	Women at risk
Breast cancer screening (mammogram — film or digital)	Women ages 40 and older, annually
Breastfeeding promotion	During pregnancy and after birth
Cervical cancer screening (pap test)	Annually
Contraception counseling, education, products and services¹	Women with reproductive capacity
Folic acid supplementation²	Women planning or capable of pregnancy
Gestational diabetes screening	Pregnant women
Hepatitis B screening	Pregnant women
Osteoporosis screening	Ages 65 and older (or under age 65 for women at risk)
Rh incompatibility test	Pregnant women

¹ GuideStone covers certain non-abortive, generic contraceptives under the *Preventive Care Schedule*.

² Certain preventive medications noted above may be available to you at no cost. Your doctor will be required to give you a prescription for these medications, including over-the-counter (OTC) medications, for them to be covered under your pharmacy benefit.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Exclusions

This document does not guarantee coverage for all preventive services. GuideStone does not provide coverage for abortions or abortion-inducing drugs or devices as this violates our Biblical convictions on sanctity of life. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary and any services and supplies for, or in connection with, experimental, investigational or unproven services. This document contains only highlights of preventive health services. The specific terms of coverage, exclusions and limitations, including legislated coverage, are included in the official plan documents.



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